

QAP/HiCAMS User Registration Form

The following information is required to link each Quality Assurance Program (QAP) user's NCID with the HiCAMS application. Please fill out this form completely and return it to your company's QAP Account Administrator.

COMPANY INFORMATION

Business Name

Business Address

Contact Phone Number

USER INFORMATION

Last 4 Digits of SSN

Last Name

First Name

Middle Name/Initial

Job Title

User ID from NCID

Email Address Linked to NCID Account

Supervisor's Name

Supervisor's Title

For Use by Company Account Administrator Only

Account Administrator Name

Administrator NCID User ID

I hereby confirm that I am a designated Account Administrator for the above company and do authorize the above person to have access to my company's information available via the NCDOT QAP Application. I also verify the accuracy of the above user information.

Signed:
